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Dear Colleague,

**Draft Revised Manual of Quality Measures for Cancer Peer Review:
Consultation**

I am writing to let you know that a revised version of the original Manual of Cancer Services Standards first published in December 2000 is being issued today for a six-week consultation. A copy of the draft revised Manual can be found in the Cancer Section on the Department of Health web-site www.dh.gov.uk.

The Purpose of the Manual

This draft Manual serves the same function as the original Manual. In other words it is the enabling vehicle for both self and peer review assessment of the quality of Cancer Services. The first national round of peer review visits took place in 2001 and was followed by a detailed evaluation by the Controls Assurance Support Unit (CASU). This recommended Cancer Peer Review should continue and Strategic Health Authorities have, therefore, commissioned this further round of peer review. The Manual has not been centrally imposed.

The draft revised Manual has been updated to reflect both positive feedback from the 2001 peer review process as well as new Improving Outcomes Guidance that is now available (e.g. upper gastro-intestinal and urological cancers). The purpose of the Manual is to set out measures, which define the characteristics of a good service, based on the recommendations of the NICE Improving Outcomes Guidance and other national guidance. These concentrate on aspects of service most likely to have significant impact on health outcomes. As with NICE IOG, the manual is intended to help those involved in planning, commissioning, organising and providing cancer services to identify gaps in provision; as well as check the appropriateness and quality of existing services.

The quality measures contained within this manual are applicable to all commissioners and providers of services to NHS patients with cancer throughout England. It is important, therefore, that all networks, organisations and teams take this opportunity to read the draft and let us have comments so that these can be considered, and, where appropriate, incorporated into the final revision.

The Department of Health, Cancer Action Team and the CHAI Transition Team are actively working together to explore the future relationship between the Manual, cancer peer review and CHAI. The CHAI Transition Team is represented on the Cancer Peer review Steering Group, in their role as lead reviewer.

Whilst Peer Review is expected to evolve over time, the Manual provides a ready mechanism by which cancer services will be able to demonstrate that they are meeting the *Standards for Better Health*¹, in particular, in the domains of safety, clinical and cost effectiveness, governance and patient focus.

Cancer peer review is described in more detail in the introduction to the Manual and in the attached appendices. It's principal function is to accelerate the pace of improvement in the quality of cancer services across the whole system of patient care and the patient and carer experience.

It is acknowledged that the revised Manual continues to relate largely to secondary and tertiary services, except where quality measures pertain to the role and responsibilities of Primary Care Trusts. Further consideration is being given to the role of primary care in cancer within the context of the new GMS contract and how this might be reflected in future revisions.

The Consultation Process

We recognise that the Revised Draft Manual of Quality Measures for Cancer Peer Review is a large document. It is divided into a number of sections, which will be used to assess the many different groups, teams or services involved in cancer services. Each of these sections is constructed so that it can stand alone, to be used in isolation by the relevant team to prepare for reviews or by relevant reviewers as part of the Peer Review process. The aim is to ensure that most teams will only need to download a small element of the Manual. However, this approach does mean that common team standards and explanatory material are repeated several times over, substantially adding to its length.

The quality measures within the draft Manual are not currently numbered, but in the final published Manual each 'measure' will be uniquely numbered. It has been decided that the task of numbering will be carried out once all the agreed amendments to the Manual have been made.

It is hoped that you will contribute to this consultation exercise to ensure that the published Manual is both comprehensive and clear.

It is important to emphasise that the purpose of this consultation is not to reopen the extensive consultation on Improving Outcomes Guidance, but rather to invite your comments on the contents of the manual.

For example:

¹ *Standards for Better Health – Health Care Standards for Services under the NHS – A Consultation.*
Department of Health. February 2004

- Is the wording of each quality measure sufficiently clear? Are there instances where there is some ambiguity as to what is required?
- What additional, if any, supplementary guidance on the quality measures is required?
- Are there any important gaps?

To achieve the target of publishing the Manual at the end of May 2004 the programme for considering responses and making appropriate amendments has a very short timescale. The receipt of any responses in advance of the six-week deadline would therefore be much appreciated. For the same reason it will not be possible to consider any comments that are received after the deadline, Friday 7th May 2004.

A proforma has been provided to assist you in compiling your comments on the contents of the draft revised manual and this can also be found on the Department of Health web-site.

Any comments on the Manual should be submitted by Friday 7th May 2004 to:

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We look forward to receiving your comments.

Yours sincerely,

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